

**OHIO STATE FAIR BEEF CATTLE ENTRY FORM  
ENTRIES CLOSE - JUNE 20, 2008**

**Please Print Clearly**

*All information must be given at time of entry, or you will be ineligible to show.*

Breed of Livestock _____
Division No. _____
Number of Animals Entered _____

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Home Telephone (     ) \_\_\_\_\_ Work Telephone (     ) \_\_\_\_\_

Please note that when entering more than one department of the Fair (i.e. Horse Show, Ag & Hort., etc.) a separate entry blank is required for that department. All entries must be in the bonafide owner name. Mail entry form to the Entry Department, Ohio State Fair, 717 East 17th Avenue, Columbus, Ohio 43211. All entries must bear a postage stamp and have a legible cancellation date. Metered entries will **NOT** be accepted.

Beef Cattle, per animal @ \$15..... \_\_\_\_\_  
 Beef Cattle Bedding Fee, per animal @ \$15..... \_\_\_\_\_  
 Prospect Calf, per animal @30 (no bedding fee)..... \_\_\_\_\_  
 Commercial Cattle, Pen of 3 @ \$35..... \_\_\_\_\_  
 6-Day Advance Admission Ticket (Optional) \_\_\_\_\_ x \$28 each..... \_\_\_\_\_  
 Single Advance Admission Ticket (Optional) \_\_\_\_\_ x \$6 each..... \_\_\_\_\_  
 \*3-Day Parking Permit (Optional) only one \_\_\_\_\_ x \$20 each..... \_\_\_\_\_  
 \*6-Day Parking Permit (Optional) \_\_\_\_\_ x \$40 each..... \_\_\_\_\_  
**All Additional** Parking Permits (12-Day) \_\_\_\_\_ x \$75 each..... \_\_\_\_\_

Total Amount Due (Tickets/permits + Entry Fee)..... \_\_\_\_\_  
 Check Number \_\_\_\_\_

**\*3-Day Parking Permit is for Commercial and Prospect Cattle Only**

**\*Only one 6-day parking permit per exhibitor. All additional parking permits will be charged \$75 each.**

Division No.	Class No.	Name of Animal	Sire Name	Registry No.	Date of Birth	Tattoo No.	Sex

The undersigned hereby agrees to be bound by the Rules and Regulations of the Open Livestock Department and further agrees to be bound by the decision of the Ohio Expositions Commission in case of any dispute arising from the interpretation of application thereof. Premiums cannot be paid if Social Security Number is not given or if entry blank is not signed. I certify that the number shown on this form is my correct taxpayer identification number. Please indicate if this identification number is your individual number or farm tax identification number. Any photographs taken of me or of anyone over whom I am legal guardian become the sole property of the Ohio Expositions Commission. Such photographs may be used at the Commission's discretion without compensation to or prior approval from me.

**Signature** \_\_\_\_\_  
**Social Security No.** \_\_\_\_\_